

7<sup>th</sup> December 2017

To: Northland District Health Board

Report to Health and Disability Commission and Northland District Health Board

Attention: John Wansbone

Thank you for the opportunity to respond to the complaint raised by [REDACTED] at Northland District Health Board to the Health and Disability Commissioner. This complaint related to the podiatry services provided to patients of [REDACTED]

Te Tai Tokerau Primary Health Organisation (PHO) received this complaint on 7<sup>th</sup> November 2017 from the Northland DHB.

Te Tai Tokerau PHO apologises that the experiences of patients have not met expectations and deeply regrets any delay in treatment.

#### Background

Te Tai Tokerau holds the contract for the provision of podiatry services across primary health in Northland. This contract is subject to the requirements detailed by the Northland District Health Board.

The Clinical Projects Leader, [REDACTED] of Te Tai Tokerau PHO has received communications from [REDACTED] regarding various community podiatrists, their working practices and the service as a whole. The PHO had previously been made aware of the individual cases identified in this complaint.

The correspondence from [REDACTED] related to concerns over quite some time, in some cases several years and related to historic issues within the service. It was apparent that there had been a deterioration in the working relationship between [REDACTED] and the PHO.

These communications were directed to newly appointed PHO staff members during a transition of service managers.

#### Investigation

The proposed strategy for dealing with the issues raised by [REDACTED] was for the PHO to focus on finding common themes across the issues raised and not an in-depth exploration into each individual case. Analysis of themes was undertaken in an effort to understand the breadth of issues within the services provided by podiatrists on behalf of the podiatry services contract.

The PHO have been able to access the Foot Risk Assessments that were carried out by the referrers at a GP Practice level. These can be supplied on request but in summary show the following information:

[REDACTED] – Type 2 diabetic of non-Maori ethnicity. Assessor recorded a normal assessment except no normal Posterior Tibial Pulses on both Right and Left and therefore assessment deemed as High Risk.

[REDACTED] – Type 2 diabetic of non-Maori ethnicity. Assessor indicated loss of sensation and no normal Dorsalis Pedis Pulse to the Right foot; also, no normal Posterior Tibial Pulse to either side and unable to self-manage. Therefore, assessment deemed as High Risk.



The automated referral programme was able to supply the following information:

NHI	RISK LEVEL	ASSIGNED	RECEIVED	ACCEPTED	CLOSED	REASON FOR CLOSURE
██████████	HIGH RISK	01.07.2015	30.09.2015	11.07.2017	11.07.2017	CONTACT LOST
██████████	HIGH RISK	02.10.2015	11.11.2015	11.07.2017	11.07.2017	CONTACT LOST

Further explanation of these terms and the stages of the referral process are on the attached flow chart.

Following a discussion with ██████████ it transpires that he has been corresponding with HDC regarding these incidents. ██████████ has been advised by HDC that the incident has been satisfactorily investigated and the case has since been closed by themselves.

## Findings

Issues identified were –

- The workload and activity being carried out by the community podiatrist was not apparent to those within the PHO, as patients were only visible to the PHO when they were returned or closed.
- Due to the setup of the current electronic referral system, it is unclear exactly when the podiatrist receives the referral, and acceptance does not take place until contact has been made between podiatrist and patient and the initial appointment has been booked.  
Large periods of time can then pass during which it is unclear what activity is taking place between the patient and the podiatrist which is unrecorded and not apparent to the PHO.
- There were no time lines in place for how long the patient could reside in this period following receipt of referral but contact has not been made and no appointment fixed.
- The analysis identified a general systemic failure which was allowing these unfortunate events to occur, often unbeknownst to the PHO. Therefore, the energies and priorities were channelled into addressing these as a whole of system solution in order to halt the ongoing effects and manage the risk. Unfortunately, this did not address earlier failures within the system or the lack of direct oversight into the services provided or the providers.

## Actions

Some of the actions that have either been implemented, or intend to be implemented, to address the issues include:

1. One of the priority activity proposals is to formulate a strict time frame guide where by the period of time between assigned and received and received and accepted is a documented measure and depicts all activity which occurs and is visible to the PHO for audit purposes. A summary of the current referral handling process used by the PHO is attached for information. This process is currently under review.



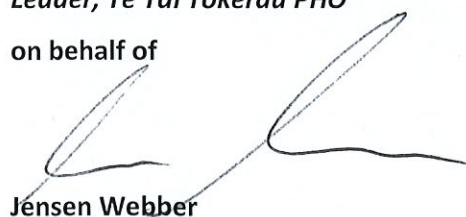
2. A redirection of the referrals; previously referrals were generated from the General Practice at the time of the assessment being undertaken and sent direct to the community podiatrist of choice. This has now been altered whereby all referrals are sent to the PHO by the General Practices and then assigned to a podiatrist from there. The future process to allocate, accept and commence treatment will be timely and transparent and patients who have been unable to be contacted will be highlighted quickly and easily and the referring practices advised of the problem within a short and appropriate time frame. It is anticipated that this remodelling will eliminate the repeat of patients being 'lost' in the system as identified in this instance in the future.
3. The previous overarching group – NDOW (Northland Diabetes Operational Working Group) has been reformed and revamped as NDSAG (Northland Diabetes Strategic Advisory Group) with a collaborative approach across all spectrums and specialities of Diabetes care providers from Secondary, Primary and Community/Allied services. [REDACTED] is a member of this group and has been requested to advise on and facilitate the proposed amendments to the Community Podiatry Service in his specialised podiatry capacity. Unfortunately, he has been unavailable to meet and discuss to date and therefore the group has been presented with the initial recommendations laid out by the PHO Clinical Project Lead and a former member of the group and community podiatrist only at this stage. However, the priority for this reform has been highlighted to the group and again it is anticipated that once these proposals have been approved and implemented these will also work to mitigate any repeat of these issues.
4. The appointment of a Programme Co-ordinator will fill a gap that has been identified since the resignation of the Population Health Strategist from the PHO in 2015. This person developed and co-ordinated the programme from infancy, thus leaving the programme without direct management upon her departure. This appointment is currently in the recruitment stage, but it is anticipated an appointment will be made very soon. This role will provide the day to day co-ordination of the podiatry service and, using clinical skills and knowledge, will assess and allocate referrals made into the PHO. The co-ordinator will also be responsible for overseeing the programme with regards to ensuring patients enter and exit the service in a locality that is appropriate, timely and in accordance with the proposed treatment time frame and guidelines.

### Summary

There are a vast number of changes and proposals regarding the Community Podiatry Service and are a priority for the PHO. The unsatisfactory experiences for recipients of the podiatry service is regrettable and we are committed to improving our services with the support of [REDACTED] and the podiatry team for the community of Northland.

**Report prepared by [REDACTED] Clinical Projects Leader and [REDACTED] Quality Leader, Te Tai Tokerau PHO**

on behalf of



**Jensen Webber**  
CEO  
Te Tai Tokerau PHO

## Podiatry Referral Management System

